

First Aid Information Form Instructions

CURRENT VERSION OF FORM: Issued 4/14.

Purpose:

- Used to document incidents/accidents that require minimal first aid treatment.

Preparation:

- Form must be completed in blue or black ink, or typed. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**

Instructions:

- **Agency Name:** Office or Section Name
- **Location:** Physical address
- **Date:** Date of treatment
- **Patient:** Name of person receiving treatment
- **First Aid Attendant:** Name of person administering minimal treatment or supplies. If employee or visitor administered minor treatment to self, put "Self".
- **Complaint:** Nature of illness/injury
- **Treatment:** Minimal treatment administered (if supplies were issued, list here – i.e., band aid, ice pack, etc.)
- **Disposition: Return to Work/To Doctor** - Place a check mark in the appropriate column.
- **Work Activity at Time of Event:** Explain what employee or visitor was doing at the time of the incident/accident.
- **Equipment, Substance, Material in Use:** List any item or equipment that was involved in the incident/accident.
- **Potential Severity:** M – Minor, LT – Lost Time, D – Disabling, F – Fatal - Enter the correct code.
- **Precautions that were taken to protect the First Aid Attendant from bloodborne pathogens:** i.e. Injured treated, First Aid Attendant wore gloves, face mask, etc.

Disposition:

- Safety Coordinator maintains original for audit purposes

Retention:

- Copy must be kept with safety audit files according to [DCFS Policy 6-02, Retention of Departmental Records](#).